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EXAMINER	ART UNIT	CLASS-SUBCLASS]			
ADDISON, KAREN B	2834	310-31300D	•			
Change of correspondence address or indication of "Fee CFR 1.363). Change of correspondence address (or Change of Co Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication PTO/SB/47; Rev 03-02 or more recent) attached. Use on Number is required.	on form (1) the nor agents (2) the nor registered (2 registered 2 register)	registered attorney or agent) and the names of up to				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE	PRINTED ON THE PATEN	T (print or type)				
PLEASE NOTE: Unless an assignee is identified belo recordation as set forth in 37 CFR 3.11. Completion of (A) NAME OF ASSIGNEE	this form is NOT a substitute	pear on the patent. If an assign e for filing an assignment. ENCE: (CITY and STATE OR (nee is identified below, the document has been filed for			
X-Cyte, Inc.	` ,	Jose, California				
Please check the appropriate assignee category or categories	s (will not be printed on the	patent): 🔲 Individual 🛭 C	orporation or other private group entity			
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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 The Director of the USPTO is requested to apply the Issue NOTE: The Issue Fee and Publication Fee (if required) will	Fee and Publication Fee (if a		LL ENTITY status. See 37 CFR 1.27(g)(2). ly paid issue fee to the application identified above. istered attorney or agent; or the assignee or other party in			
Authorized Signature	and Trademark Office.		July 26, 2006			

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CHE -	Application Number	er	10/646,139	9				
TRANSMITTAL	Filing Date		August 20, 2003					
AUG 0 1 2006 8 FORM	First Named Inven	tor	Paul G. Ny	/sen				
	Art Unit		2834					
TOPMS for all correspondence after	Examiner Name		Karen B. Addison					
Total Number of Pages in This Submiss	ion 4	Attorney Docket N	umber	035826-26				
	ENCLO	SURES (check all tha	it apply)		•			
Fee Transmittal Form	Drawing(s	3)		After Allowance Communication to TC				
Fee Attached Licensing-		related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply	Petition		·		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application			Proprietary Information				
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status L	etter			
Extension of Time Request	Terminal Disclaimer			Other E	, nclosure(s) lentify below):			
Express Abandonment Request	Request for Refund CD, Number of CD(s)			Issue Fee Transmittal Credit Card Payment Form - \$703.00				
☐ Information Disclosure Statement	Landscape Table on CD							
Certified Copy of Priority Document(s)	Remarks							
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm	Thelen Reid & P		,					
Signature	Signature							
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Date	6,2006	Reg. No.	45,241					
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Signature Raya Hulal								
Typed or printed name Laura L. Hulac Date 7-27-0(2				7-27-06				

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Effective on 12/08/2004. Complete if Known irsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/646,139 Application Number FEE TRANSMITTAL August 20, 2003 Filing Date for FY 2005 Paul A. Nysen First Named Inventor Applicant claims small entity status. See 37 CFR 1.27 Karen B. Addison **Examiner Name** Art Unit 2834 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 035826-26

METH	METHOD OF PAYMENT (check all that apply)							
☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :								
⊠ De _l	□ Deposit Account Deposit Account Number: 50-1698 □ Deposit Account Name: Thelen Reid & Priest LLP							LLP
	For the above-ide	entified depos	sit account, the Dir	ector is hereby	authorized to: (che	eck all that ap	ply)	
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Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
informat	tion and authorization							
	ALCULATION							
1. BA	SIC FILING, SEA							
		* · · · · · · · · · · · · · · · · · · ·		ATION FEES Small Entity				
App	lication Type	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utili		300	150	500	250	200	100	
Desi	gn	200	. 100	100	. 50	130	65	
Plan	t	200	100	300	150	160	. 80	
Reis	sue	300	150	500	250	600	300	
Prov	risional	200	100	0	0	0	0	
2. EX	CESS CLAIM FE	ES	•					Small Entity
	<u>Description</u>						Fee (\$)	<u>Fee (\$)</u>
	n claim over 20 (inc						50	25
	n independent claim tiple dependent clai		cluding Reissues)				200 360	100 180
	al Claims	Extra Cl	aims Fee(\$	S) Fee	Paid (\$)			Dependent Claims
	20 or HP=		×	_ = _			Fee (\$)	
HP = highest number of total claims paid for, if greater than 20.								
<u>Inde</u>	ep. Claims	Extra CI	aims Fee(<u>Fee</u>	Paid (\$)			
	3 or HP=		x	_ =				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	Total Sheets		ets Number		<u>itional 50 or fra</u>	ction there	of <u>Fee (\$)</u>	Fee Paid (\$)
100 = / 50 = (round up to a whole number) x =							=	
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Issue Fee & 1 soft copy						<u>\$703.00</u>		

SUBMITTED BY				
Signature	TO SHIPPE	Registration No. (Attorney/Agent) 45,241	Telephone	408-292-5800
Name (Print/Type)	James M. Wu		Date Jul	426,2006

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